

HARAMAYA UNIVERSITY
OFFICE OF THE REGISTRAR
PLEASE FIRST READ THIS FROM CAREFULLY BEFORE YOU FILLIT OUT

The purpose of filling this form is to ensure that (a) academic records of prospective candidates for graduation is compiled in time (b) the CORRECT Spelling of names (in English and Amharic) of each prospective graduate is personally filled in (c) all degrees and diploma are prepared, paid for and collected by the graduates or their legal delegates in time, and (d) NO DELECTIONS or ABBREVIATION or ABBREVIATIONS or NAMES are ACCEPTABLE.

INSTRUCTION:-

1. The processing of diplomas and degrees costs the graduate two hundred Birr (200.00).
2. This form is to be completed BY THE CANDIDATE ONLY The candidate CANNOT make and major change in the spelling of his or her name from the one used at admission.
3. The degree or diploma must be collected within two years after graduation. Failure to collect the diplomas or degrees within tow years or loss of the original will cost he graduate two hundrec (200.00) Birr only to get a replacement and not a duplicate
4. The office would also like to inform each prospective graduate that it is not responsible for degrees or diplomas that are not collected within two years of the graduation day.

Required Information

Candidate's name with grad Father's (in Amharic) _____ 1. University I.D No _____ Faculty _____ Department _____ 2. Candidate for Degree _____ Diploma _____ Certificat _____ 3. Enrolled in Regular _____ CCDE _____ Kiremt _____ Program (Check one) 4. Expected graduation time and of Sem: _____ of the _____ A.y (_____ Eth.C.) 5. Telephone address: office _____ Home _____ 6. Advisor or Department Head approving and correctness of information _____	Candidate's name with grandfather's (in block English) _____ _____ _____ _____ _____ _____
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Name : _____ Signature _____

I certify that the above information is complete and correct and I authorize the University to use the name and spelling provided above in the preparation of my degree or diploma.

_____ Date _____
 Candidates' signature

At collection please sign below

I have collection my credential from the University on _____ (Date)

Name _____ Signature _____